



Application Data Sheet

Application Information

Application number:: 10/797,584
Filing Date:: 03/09/04
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R??::
Number of CD disks::
Number of copies of CDs::
Sequence Submission::
Computer Readable Form (CRF)?::
Number of copies of CRF::
Title:: DEVICES AND METHODS FOR DETECTING
AND TREATING INADEQUATE TISSUE
PERFUSION
Attorney Docket Number:: 021628-001010US
Request for Early Publication:: No
Request for Non-Publication:: Yes
Suggested Drawing Figure::
Total Drawing Sheets:: 5
Small Entity?:: Yes
Latin name::
Variety denomination name::
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Canada
Status:: Full Capacity
Given Name:: David
Middle Name:: G.
Family Name:: Benditt
Name Suffix::
City of Residence:: Edina
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 2 Circle West
City of Mailing Address:: Edina
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55436

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Brian
Middle Name:: P.
Family Name:: Brockway
Name Suffix::
City of Residence:: Shoreview
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 4339 Nancy Place
City of Mailing Address:: Shoreview

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55126

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Richard
Middle Name:: R.
Family Name:: Wilson
Name Suffix::
City of Residence:: Arden Hills
State or Province of Residence:: MN
Country of Residence:: US
Street of Mailing Address:: 1276 Nancy Place
City of Mailing Address:: Arden Hills
State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address::

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Assignee Information

Assignee Name:: Transoma Medical, Inc.
Street of mailing address:: 4211 Lexington Avenue, N. #2244
City of mailing address:: St. Paul

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55126